

FILED

Page: 1

UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

JUL 14 2016

IN THE UNITED STATES  
DISTRICT COURT FOR THE  
DISTRICT OF NEW MEXICO

MATTHEW J. DYKMAN

CLERK

DECLARATION IN SUPPORT  
OF MOTION TO  
PROCEED IN  
FORMA  
PAUPERIS

KEVIN FOLSE  
PLAINTIFF,  
V.

LANCE ROWNDY, FEDERAL BUREAU OF INVESTIGATIONS,  
KAYLIN FANCHER, FEDERAL BUREAU OF INVESTIGATIONS,  
TOBY BENEVIDAS, ALBUQUERQUE POLICE DEPT.,  
RONALD CLIPP, ALBUQUERQUE POLICE DEPT.,  
DELORES SANCHEZ, ALBUQUERQUE POLICE DEPT.,  
CHAD MILLER, WARDEN, TORRANCE COUNTY,  
NOEL BENCOMO, FEDERAL CONTRACTED CORRECTION OFFICER.  
MARCUS MALONE, UNITED STATES MARSHAL

CIVIL ACTION #1:16-cv-00586 JH/CG

I, KEVIN FOLSE, AM THE PETITIONER/PLAINTIFF IN THE ABOVE ENTITLED CASE. IN SUPPORT OF MY MOTION TO PROCEED WITHOUT BEING REQUIRED TO PREPAY FEES OR COSTS OR GIVE SECURITY THEREFORE, I STATE THAT BECAUSE OF MY POVERTY I AM UNABLE TO PAY THE COST OF SAID PROCEEDING OR TO GIVE SECURITY THEREFORE, AND THAT I BELIEVE I AM ENTITLED TO REDRESS.

I DECLARE THAT THE RESPONSES I HAVE MADE BELOW ARE TRUE.

1) IF YOU ARE PRESENTLY EMPLOYED, STATE THE AMOUNT OF YOUR SALARY WAGE PER MONTH, AND GIVE THE NAME AND ADDRESS OF YOUR EMPLOYER,  
I AM NOT PRESENTLY EMPLOYED.

2) IF YOU ARE NOT PRESENTLY EMPLOYED STATE THE DATE OF LAST EMPLOYMENT AND AMOUNT OF SALARY PER MONTH THAT YOU RECEIVED AND HOW LONG THE EMPLOYMENT LASTED

MY LAST PLACE OF EMPLOYMENT WAS A.S.A.P. AUTO GLASS YEAR 2015/  
QUARTER 1 GROSS WAGES \$551.25 DID NOT WORK A FULL MONTH.

3) HAVE YOU RECEIVED, WITHIN THE PAST TWELVE MONTHS, ANY MONEY FROM ANY OF THE FOLLOWING SOURCES:

A.) BUSINESS, PROFESSION OR FORM OF SELF-EMPLOYMENT?

YES NO ☒

B.) RENT PAYMENTS, INTEREST OR DIVIDENDS?

YES NO ☒

C.) PENSIONS, ANNUITIES, OR LIFE INSURANCE PAYMENTS?

YES NO ☒

D.) GIFTS OR INHERITANCES?

YES NO ☒

E.) ANY FORM OF PUBLIC ASSISTANCE?

YES NO ☒

F.) ANY OTHER SOURCES?

YES NO ☒

4) IF THE ANSWER TO ANY OF QUESTIONS (A) THROUGH (F) IS YES, DESCRIBE EACH SOURCE OF MONEY IN A CHECKING OR SAVINGS ACCOUNT? NONE

5) DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES, AUTOMOBILES OR OTHER VALUABLE PROPERTY (INCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING)?  
NONE

6) LIST THE PERSONS WHO ARE DEPENDANT ON YOU FOR SUPPORT, STATE YOUR RELATIONSHIP TO THOSE PERSON(S), AND INDICATE HOW MUCH YOU CONTRIBUTE TOWARD ~~XX~~ THEIR SUPPORT AT THE PRESENT TIME. NONE

7) IF YOU LIVE IN A RENTED APARTMENT OR OTHER RENTED BUILDING, STATE HOW MUCH YOU PAY EACH MONTH FOR RENT. DO NOT INCLUDE RENT CONTRIBUTED BY OTHER PEOPLE. I DO NOT LIVE IN AN APARTMENT.

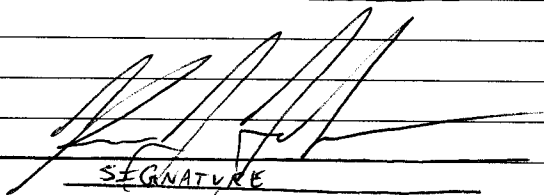
8) STATE ANY SPECIAL FINANCIAL CIRCUMSTANCES WHICH THE COURT SHOULD CONSIDER IN THIS APPLICATION.

I ONLY RECEIEVE, ENOUGH MONEY MONTHLY TO AFFORD HYGIENE PRODUCTS, AND TO PAY FOR POSTAGE TO THE COURTS AND TO MAKE COPIES. MY FAMILY WOULD LIKE TO MAKE MONTHLY PAYMENTS TO THE COURT FOR THE FILING FEE.

I UNDERSTAND THAT A FALSE STATEMENT OR ANSWER TO ANY QUESTIONS  
IN THIS DECLARATION WILL SUBJECT ME TO THE PENALTIES OF PERJURY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE  
AND CORRECT.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2016

A stylized handwritten signature in black ink, consisting of several sharp, overlapping strokes.

SIGNATURE

4/8/85

D.O.B

546-99-7912

SOCIAL SECURITY NUMBER